

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10

APPLICANT

1537008

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		DEP.		IND.			IND.		DEP.		IND.	
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50													
TOTAL IND.			↓	1		↓			↓				
TOTAL DEP.			←	28		←			←				
TOTAL CLAIMS				29									

BEST AVAILABLE COPY